

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39530

STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Carroll</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carrollton</u>		c. CITY OR TOWN <u>Carrollton</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Staton Clinic.</u>		Length of stay in lb <u>3 Months.</u>	
3. NAME OF DECEASED (Type or print) First <u>Maylissie</u> Middle <u>Clark</u> Last <u>Condron</u>		4. DATE OF DEATH Month <u>11</u> Day <u>8</u> Year <u>57</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Feb 19, 1871</u>
9. AGE (In years last birthday) <u>86</u>		IF UNDER 1 YEAR Months <u>8</u> Days <u>19</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife.</u>	
11. BIRTHPLACE (City and state or country) <u>Ray County.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Eli Clark.</u>		14. MOTHER'S MAIDEN NAME <u>Elizabeth Condron.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Mrs Ella Wotawa (Carrollton Mo.)</u>		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Infirmitie of old age</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) <u>794X</u>		INTERVAL BETWEEN ONSET AND DEATH <u></u>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u></u>	
20c. TIME OF INJURY Hour <u></u> Month, Day, Year <u></u> a. m. <u></u> p. m. <u></u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u></u>		20f. CITY, TOWN, OR LOCATION <u></u>	
20g. COUNTY <u></u>		20h. STATE <u></u>	
21. I attended the deceased from <u>Aug. 1/57</u> to <u>Nov. 8/57</u> and last saw her <u>alive</u> on <u>Nov. 8/57</u> . Death occurred at <u></u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Marshall F. Home</u>		22b. ADDRESS <u>Staton M.H.O. Carrollton Mo.</u>	
22c. DATE SIGNED <u>Nov 9/57</u>		22d. CITY, TOWN, OR LOCATION <u>Carrollton Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-10-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cemetery.</u>		23d. LOCATION (City, town, of county) <u>Carrollton Mo.</u>	
24. FUNERAL DIRECTOR <u>Marshall F. Home (Carrollton Mo.)</u>		25. DATE RECD. BY LOCAL REG. <u>11-15-57</u>	
26. REGISTRAR'S SIGNATURE <u>Marshall F. Home</u>		26. REGISTRAR'S SIGNATURE <u>Marshall F. Home</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 252

P. O. Address Carrollton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.